North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES

HBR Monthly Webinar

January 18, 2017

A Division of the Department of State Treasurer

Agenda

- Open Enrollment Plan Exceptions
- ID Cards
- Disability Retroactivity
- HBR Resources Reminder

Open Enrollment Exceptions

- As noted in the policy: SHP Enrollment Exceptions and Appeals, the Plan's decision will be communicated within fifteen (15) State business days of receipt of the exception. Please allow this time before reaching out to the Plan to inquire on the status.

- If employee needs medical or prescription services, please mark urgent in the subject line or in the Reason for Exception section of the exception form.

- Exceptions for Open Enrollment must be submitted by January 31, 2017. No exceptions will be accepted after this date.

ID Card Reminders

- All members should have and be using their new Plan ID card. There has been some confusion with members thinking they would receive two cards, one for medical, one for pharmacy benefits.
- The Plan continues to utilize ONE ID card for medical and pharmacy benefits. The new Pharmacy Benefit Manager (PBM), CVS Caremark's logo appears on the back of the card.
- There also seems to be some confusion regarding which pharmacies members can use. Having CVS Caremark as the Plan's PBM in no way requires members to use a retail CVS Pharmacy.
- Members are able to utilize any in-network pharmacy. A Pharmacy Look Up Tool is available on the Plan's website or members can call the number that appears on the back of their ID card.

Important Reminder Regarding Employees on Disability

- There are several important items HBRs should be aware of regarding employees on disability and those who are in the process of gaining approval for short-term, extended short-term or long-term disability benefits.
  - It is critical that you terminate employees that are no longer eligible for coverage. Their eligibility for State Health Plan benefits should end when they are no longer eligible for short-term disability benefits. Timely terminations will allow a COBRA notice to generate which employees will need in order to avoid a gap in coverage while waiting for eligibility determination on extended short-term or long-term disability from the Retirement System.
  - Groups that carry employees beyond their short-term disability benefit period and who are not yet approved for extended short-term or long-term disability will not be reimbursed employer cost, even if those disability benefits are approved retro-actively.

Important Reminder Regarding Employees on Disability

- Retroactive coverage for employees who are approved for disability at a later date is not permitted. For example, if an employee is terminated in June and was approved for retroactive extended short-term or long-term disability benefits in November, the employee will not be granted State Health Plan coverage dated back to June. The terminated employee would need to obtain COBRA coverage in order to avoid a gap in coverage.
- If you are aware of employees that will ultimately need to apply for extended short-term or long-term disability benefits, encourage them to submit an application as soon as possible and to take COBRA coverage in the meantime to avoid a gap in coverage.

Processing Members Approved for Extended or Long-Term Disability

- If you have employees who have recently been approved for extended short-term or long-term disability by the State Retirement Systems and also awarded federal Medicare benefits, it is common for the effective date of those benefits to be retroactive. Members who have been approved for these benefits and awarded Medicare coverage are now considered Medicare primary and no longer eligible for enrollment in the Enhanced 80/20 Plan or the Consumer-Directed Health Plan.
- These members will be automatically enrolled into the Traditional 70/30 Plan. Their effective date of coverage is dependent upon their approval date of disability. If the disability effective date is:
  - Between the first and 14th of the month – coverage is effective the first of the month following their approved disability date.
  - Between the 15th and the 31st of the month – coverage is effective the first of the month following the first full month of benefits.

Processing Members Approved for Extended or Long-Term Disability

- It is important for groups to follow the termination rule for members who are no longer eligible for health coverage because their short-term disability has ended. We have seen a few cases where the member was approved for extended or long-term disability and was not auto-enrolled in coverage under the Retirement Systems because the active group still had the member covered.
- Even though these members may not have access to the Medicare Advantage plan when first approved for Medicare benefits, it is important that they still take the opportunity to enroll in Medicare right away. **Many people make the mistake of not accepting the offer to retroactively purchase Medicare Part B because their claims were already processed with the State Health Plan paying as primary.**
- **As a result, the member is responsible for the amount that would have been paid by Medicare Part B even if they do not enroll in Part B retroactively.** Disabled members must thoroughly read their Medicare Award letter and if Medicare Part B is offered retroactively, they should make arrangements through Social Security to pay the necessary premiums. State Health Plan coverage will treat any claims submitted for services as if the member is enrolled for coverage under Medicare from the date of eligibility, regardless of whether the member has actually enrolled for such coverage.

Who to Call Reminder

- The Plan continues to receive a high number for inquiries on Plan rules. As a reminder, the HBR Support Line at Benefitfocus is available for questions on our traditional plans' rules, eligibility, enrollment and eEnroll navigation.

- If a member is not able to get a prescription or medical services because they are not showing with coverage, the member needs to call the Eligibility and Enrollment Support Line at 855-859-0966 or the HBR can reach out to the HBR Support line by calling 800-422-5249, create a case via One Place or contact their Account Manager if one is assigned.

- Issues that are not resolved in a timely manner after reaching out to the Plan's vendors should be escalated to the State Health Plan office.

- Review the Contact List on the Plan's website.

Thank you for your continued support!

Questions?

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